# NC Department of Health and Human Services

## Expanding Access to Services and Supports for People with Intellectual and Developmental Disabilities

**Inclusion Connects Quarterly Report**
**Data Collection Period: October 1, 2024, through December 31, 2024**

**Apr 15, 2025**

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# Executive Summary

## Purpose

In May 2024, the North Carolina Department of Health and Human Services (DHHS or the Department) and Disability Rights North Carolina (DRNC) agreed to a consent order in the Samantha R. et al. vs. DHHS and the State of North Carolina litigation (the Consent Order), outlining specific activities that DHHS will pursue to address gaps in the Intellectual and Developmental Disabilities (I/DD) system. The Consent Order contains detailed reporting requirements to measure progress toward ensuring people with I/DD can access community-based services and move out of institutional settings if they so choose. This report details progress toward improving access to services and support for people with I/DD. The data, analysis, and narrative contained within this report fulfill Consent Order legal requirements and inform an intelligent approach to DHHS efforts in the future. As such, this report includes reporting elements required by the consent order and additional illustrative elements demonstrating DHHS' multifaceted commitment to supporting the I/DD community.

# Background

## NC DHHS Commitment

DHHS is committed to focusing on supporting people with I/DD in their communities. As part of this commitment, current services and systems are being transformed to ensure they are more inclusive and responsive to the needs of people with I/DD. DHHS efforts focus on enhancing housing options and connecting people with appropriate services and supports. The goal is to create an empowering environment that facilitates access to essential resources, thus enabling people with I/DD to thrive within their communities.

In late March 2025, DHHS posted the Inclusion Connects Work Plan, North Carolina's complete strategy to improve services for people with I/DD.

## Data Collection Process

Under the terms of their respective contracts with DHHS, the Tailored Plans[1] and LME/MCOs[2] (collectively, the LME/MCOs) are required to submit reports to DHHS on a predefined basis (e.g., monthly, quarterly) that include detailed information on the services and supports provided to the I/DD community. DHHS supplements LME/MCO reporting with Claims and Encounter data for Medicaid and State Funded Services to populate this report and drive action. The Department is grateful for the

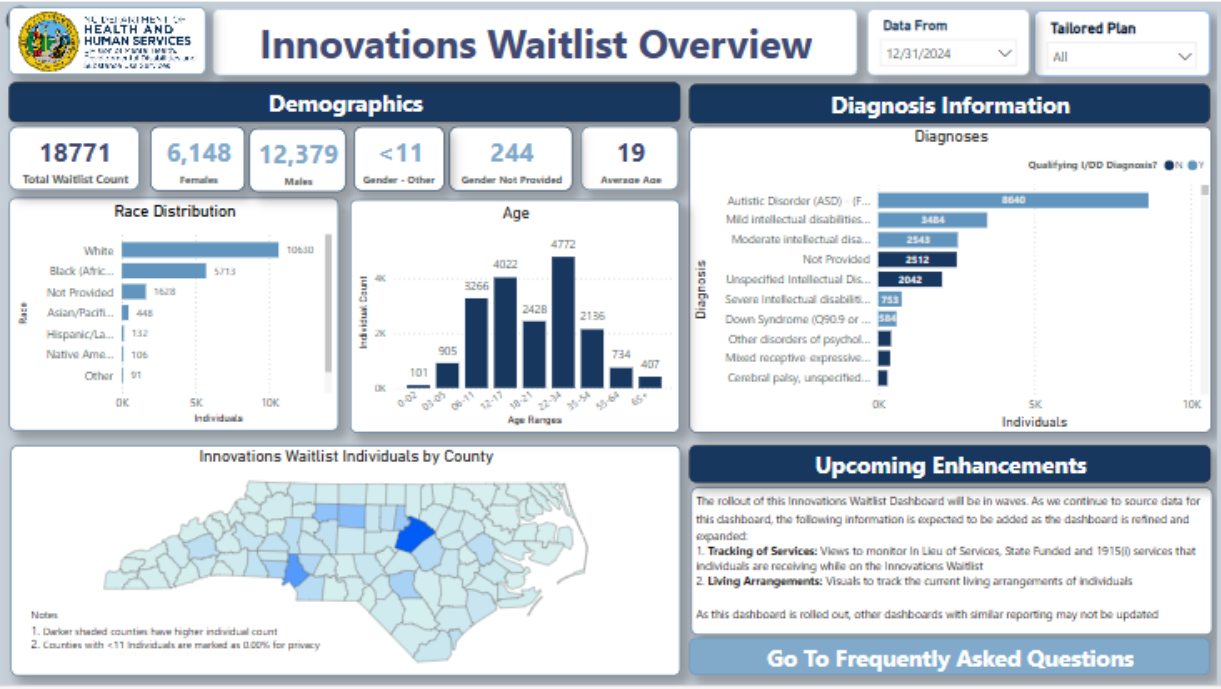
[1] DHHS launched the Behavioral Health and I/DD Tailored Plans (Tailored Plans) on July 1, 2024. Tailored Plans are integrated health plans designed specifically to serve individuals with severe mental illnesses, substance use disorders, or long-term care needs including I/DD and traumatic brain injury. Additional information about Tailored Plans is available at https://medicaid.ncdhhs.gov/tailored-plans.

[2] The Local Management Entity/Managed Care Organizations (LME/MCOs) are companies that: manage NC Medicaid Tailored Plans, coordinate certain services for NC Medicaid Direct beneficiaries, and coordinate certain services for EBCI Tribal Option members. There is one LME/MCO for each county in NC.

continued dedication and collaboration of the LME/MCOs and other stakeholders to support the I/DD community.

As part of continuous efforts to ensure data quality and provide operational oversight, DHHS reviews LME/MCO-submitted reports and works collaboratively with the LME/MCOs to address potential gaps. This ongoing prioritization of data quality improvement helps ensure the most accurate and quality information is collected. DHHS regularly engages with LME/MCOs and providers throughout the data collection period, including one-on-one technical assistance and written feedback.

Once reports are collected and reviewed, DHHS leverages tools such as Power BI for further analysis. Power BI connects various data sources and provides additional data cleansing and transformation tools that allow for in-depth insights and calculations. By leveraging Power BI's features, visuals and tables are generated, many of which are used in this report. In December 2024, DHHS Inclusion Connects[3] launched a Power BI dashboard to analyze the Innovations Waiver Waitlist. The dashboard currently includes demographic and diagnosis information, but the Department intends to continue expanding and developing it to include services-related information for people on the Waitlist.




On September 27, 2024, Hurricane Helene made landfall in North Carolina, significantly impacting communities across the western part of the state. Many areas were heavily affected, and residents are continuing to work to recover and rebuild. DHHS recognizes that the road to recovery is long and has

[3] Inclusion Connects unites people with I/DD to more choices and more access to services and supports. This collaboration among DHHS divisions, including the Division of Mental Health, Developmental Disabilities, and Substance Use Services and Medicaid, to provide resources for connecting individuals with I/DD to services and supports available to live, work and play in their chosen communities.

been working to provide support where possible. In response, priorities and tasks have been adjusted to support relief efforts. Consequently, service delivery flexibilities, deadlines for filing claims, reports, technical assistance calls, and data collection meetings were adjusted to allow providers and the LME/MCOs to respond to urgent needs of the members in the community.

Hurricane Helene flexibilities related to service provision can be found here, which were extended through February 28, 2025 for NC Medicaid, and through June 30, 2025 for Community Alternatives Program for Children (CAP-C), Community Alternatives Program for Disabled Adults (CAP-DA), and the Innovations Waiver programs. These flexibilities include, but are not limited to, the provision of additional service hours without prior authorization (PA) due to issues related to Hurricane Helene. This flexibility may be affecting our data regarding hours authorized and may continue to have an impact through our upcoming reporting cycles.

For the launch of Tailored Plans, DHHS implemented additional policy flexibilities to ease provider administrative burden and ensure beneficiaries receive uninterrupted care. Between July 1, 2024, and September 30, 2024, LME/MCOs did not deny covered services if the request met medical necessity criteria in the following two scenarios:

a. Provider failed to submit PA prior to the service being provided and submits PA after the date of service.
b. Provider submitted for retroactive PA.

Additionally, LME/MCOs were instructed to:

a. Honor existing and active medical PAs on file with NC Medicaid Direct or another health plan for services covered by the health plan for the first seven months after launch, through January 31, 2025, or until the end of the authorization period, whichever occurs first.
b. Not deny claims for the first seven months after launch, through January 31, 2025, for covered services if the request met medical necessity criteria and authorize services for Medicaid-enrolled out-of-network providers equal to that of in-network providers until end of episode of care or seven months, whichever is less.
c. Honor a PA from their original health plan for the life of the authorization by their new health plan for a beneficiary who transitions between health plans after July 1, 2024.

For a full list of Tailored Plan launch flexibilities potentially affecting our reporting, please see here. DHHS expects these impacts to continue through the following cycle.

# Findings

This report is structured to align with the reporting requirements listed in section IV of the Consent Order, with minor adjustments to group requirements that are related to a particular area (e.g., transition-related requirements, diversion related requirements). Each section contains Consent Order requirements, corresponding data, and additional illustrative elements that demonstrate the Department's multifaceted commitment to serving the I/DD community. Specific Consent Order reporting requirements are clearly noted where present and included in a single, combined table in Attachment 1 on page A-1. Consent Order Benchmarks are included where work is ongoing, and all Benchmarks and their associated statuses are included in Attachment 2 on page A-3.

# Diversion and Transition Services

DHHS is committed to **increasing awareness, education, and access to the entire continuum of community-based housing options for people with I/DD**. The following section is organized by key activities. It includes findings from LME/MCO reporting on In-Reach, Transition, and Diversion activities for the I/DD population. DHHS is actively working to revise the I/DD In-Reach, Diversion, Transition Activity Report template used by the LME/MCOs to address challenges with report completion and improve data collection and analysis. The Inclusion Connects team shared template revision recommendations with the LME/MCOs in late March 2025 to gather feedback and collaborate on changes. The Department will continue to work with the LME/MCOs and divisional partners to implement template revisions once reviewed and finalized. The revisions will not remove any reporting required in the Consent Order and the Department prioritizes working collaboratively with the LME/MCOs on the revisions prior to implementation.

In addition to the metrics derived from LME/MCO reports, narrative summaries of DHHS-led initiatives designed to support education and access to community-based housing are included.

## In-Reach Activities and Impact

To ensure people living in institutional settings and their legally responsible persons (LRP) are educated on all available housing options, In-Reach remains a vital component of the Department's approach to transition and housing. In-Reach is defined as identifying people living in institutional settings whose service needs could be met in a home or community-based setting. In-Reach is designed to engage people and their legally responsible persons about their desire to move to a home or community-based setting, and make a referral for transition, if appropriate. Through these activities, people with I/DD and their legally responsible persons are provided information about the benefits of community-based services, can visit community-based settings, and are offered opportunities to interact with peers residing in integrated settings. Research continues to be done for the development of Peer Mentors to support people with I/DD. Peer Mentors help with budgeting; learning community navigation (e.g., bus routes); supporting social interaction (e.g., conversations with family and friends); scheduling appointments; and navigating community living. These services will help someone with I/DD help another person with I/DD learn daily living skills and community supports.

Key findings:

Consent Order Reporting Requirement IV.1.c. Diversion and Transition Services: Number and percentage of individuals with I/DD eligible for In-Reach activities who are engaged in In-Reach activities.

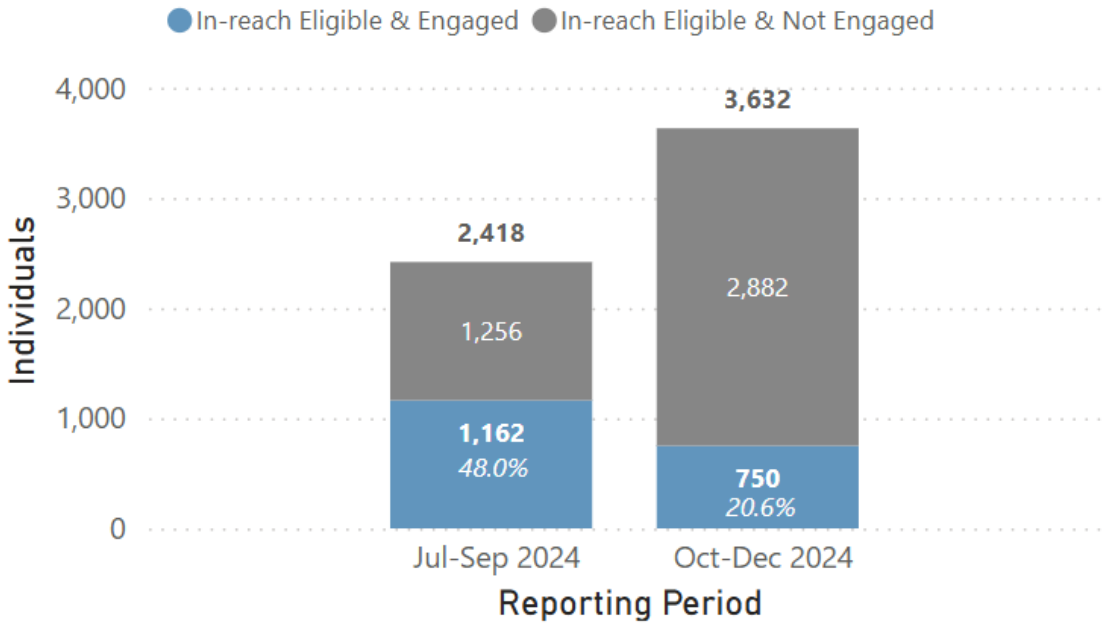
Consent Order Reporting Requirement IV.1.d Diversion and Transition Services: Number and percentage of individuals with I/DD who began transition planning following In-Reach.

**Table 1: Findings for In-Reach Reporting Requirements (IV.1.c and IV.1.d)**

| **IV.1.c Individuals with I/DD Eligible for and Engaged in In-Reach Activities** | | |
|---|---|---|
| **Reporting Period** | **Number** | **Percentage** |
| Jul – Sep 2024 | 1,162[4] | 48.0% |
| Oct – Dec 2024 | 750 | 20.6% |
| **IV.1.d Individuals with I/DD who Began Transition Planning Following In-Reach** | | |
| Jul – Sep 2024 | 389[4] | 33.4% |
| Oct – Dec 2024 | 119 | 15.9% |

*Source: LME/MCO Reporting*

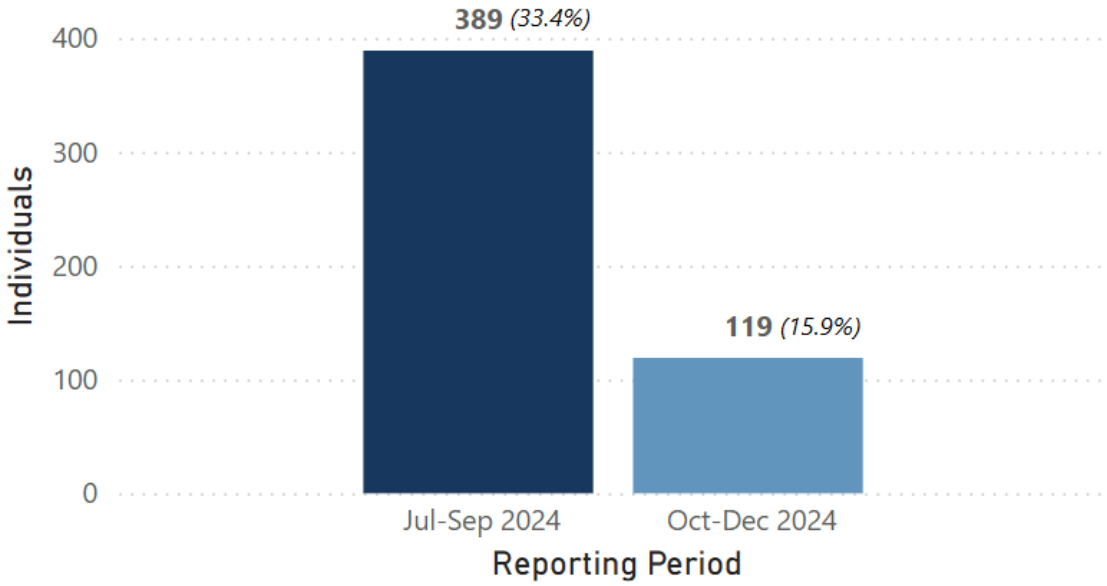
**Chart 1: Individuals with I/DD Eligible for and Engaged in In-Reach Activities (IV.1.c)**




*Source: LME/MCO Reporting*

[4] The value previously published for IV.1.c and IV.1.d for Jul-Sep 2024 was found to include counts of duplicated data. The Department continues to work with LME/MCOs to continue improving data quality and ensure highest level of accuracy in reporting. The updated value is now reflected.

**Chart 2: Individuals with I/DD who Began Transition Planning Following In-Reach (IV.1.d)**




*Source: LME/MCO Reporting*

In-Reach Reporting Metric Data Narrative:

- Overall, the member population reported to be living in an institutional setting increased due to regular TA calls clarifying institutional settings included in the Consent Order. This impacts the percentages reported in this section, as the total number of reported people living and engaging in In-Reach activities in institutional settings increased.
- In-Reach LME/MCOs currently conduct In-Reach efforts based on their internal policies. There may also be some overlap of people participating in In-Reach activities from quarter to quarter as people may continue to participate in these activities. Numbers do not reflect all unique people.
- While this reporting period shows a decrease in some of the In-Reach measures, DHHS In-Reach continues to work closely with LME/MCOs to ensure a consistent approach to In-Reach, with a goal to ensure all individuals are educated on their available options and are given an opportunity to make informed choices.
- The purpose of In-Reach is to educate people with I/DD and their families/Legally Responsible Persons (LRPs) about community-based living options and the benefits of community-based services. Education allows people with I/DD and families/LRP to make an informed decision about moving into the community. Success within the context of In-Reach is people with I/DD and their LRP feel informed of their options to make the decision that meets their needs and desires. The Department supports choice for people with I/DD with an emphasis on education about options.

DHHS Initiatives to Support In-Reach: The Department actively addresses and provides oversight of additional In-Reach requirements detailed in the Consent Order activities to ensure standardization and adherence to contract requirements.

- DHHS continues to receive data on In-Reach efforts from LME/MCOs quarterly. The LME/MCOs are engaged in conducting In-Reach activities to members in a variety of communication types, including but not limited to, face to face visits, phone calls, video conferences and emails. Per data from the LME/MCO reports, the top three types of In-Reach activities are 1) face to face visits with the person 2) phone calls with the legally responsible person and 3) phone calls with the person.
- Regardless of the communication type, the efforts of the LME/MCOs to provide In-Reach activities increase opportunities to educate people with I/DD and their families/LRP about informed decision making and community living options.
- In-Reach barriers are still showing up in high numbers on the LME/MCO reports. Two of the top three barriers listed in this reporting period are 1) guardian/LRP objection and 2) impact of Hurricane Helene.
    - Hurricane Helene made landfall in North Carolina in September 2024 and produced large-scale impacts. This report covers the October – December 2024 reporting period. It is understandable this would be listed as a barrier to In-Reach activities for those living in and reporting from the western region of North Carolina.
- In comparison, the number of people that stated "yes" to the "In-Reach Transition Decision" was 35 while the number of people that stated "no" to the "In-Reach Transition Decision" was 608.

### Transition Planning and Discharge

Through the In-Reach process, people who express an interest in living in a community-based setting are supported through transition planning with their local LME/MCO. The goal of transition planning is for the person to have the supports needed to move into the community living option of their choice, if appropriate. LME/MCOs ensure people with I/DD are educated about services, supports and available living options. The education provided by the LME/MCOs to people with I/DD and LRPs enables them to make an informed decision about where they want to live and receive services.

DHHS continues to add information to the Inclusion Connects webpage to help people in the transition process. These tools are designed to help people with I/DD and their LRPs select the most appropriate living situation to meet their preferences and needs. If a person decides to move from an institution into a community-based setting, it is captured on the LME/MCO report. All discharges from institutional settings are captured on the report for each reporting period, but people are tracked for one-year after the discharge date before being considered a "successful" transition. DHHS continues to provide technical assistance to the LME/MCOs regarding current submissions. DHHS and the LME/MCOs are also working together to revise the report template to ensure data reported and collected is accurate per Consent Order reporting requirements.

Key findings:

Consent Order Reporting Requirement IV.1.b. Diversion and Transition Services: Number of people transitioned from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.

- DHHS made a concerted effort to collect the data regarding the number of people with I/DD moving from institutional settings comes from a variety of sources. The Department continues

to collaborate across divisions to track data on transitions for Pre-Admission Screening and Resident Review (PASRR), Community Alternatives Program for Children (CAP-C), Community Alternatives Program for Disabled Adults (CAP-DA), Money Follows the Person (MFP), and other programs that support people with I/DD to move into the community. The majority of I/DD transitions reported come from MFP as in the previous reporting period. DHHS will continue to pursue other avenues to collect data to reflect all persons with I/DD who move from institutional settings to community-based settings, including through report template revisions to better capture the funding source/program each person uses to move into non-institutional settings.

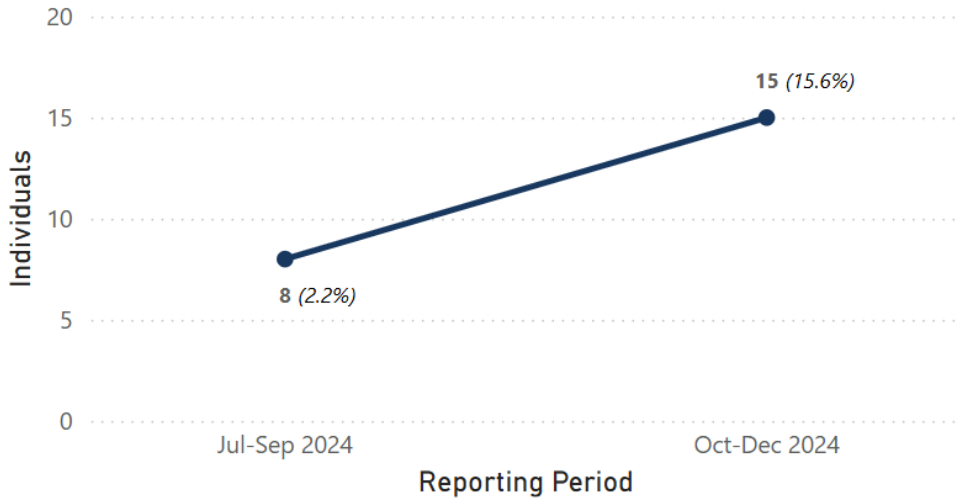
Consent Order Reporting Requirement IV.1.g. Diversion and Transition Services: Number and percentage of individuals with I/DD age 18 and above identified for transition who are discharged through the transition planning process.[5]

**Table 2: Findings for Transition Reporting Requirements (IV.1.b and IV.1.g)**

| **IV.1.b Number of Individuals with I/DD Transitioned from Institutional Settings[5]** | | |
|---|---|---|
| **Reporting Period** | **Number** | |
| Jul – Sep 2024 | 12 | |
| Oct – Dec 2024 | 16 | |
| Cumulative (Jul – Dec 2024) | 28 | |
| **IV.1.g Individuals with I/DD Age 18 and Above Discharged Through Transition Process** | | |
| **Reporting Period** | **Number** | **Percentage** |
| Jul – Sep 2024 | 8 | 2.2% |
| Oct – Dec 2024 | 15 | 15.6% |

*Source: LME/MCO Reporting*

**Chart 3: Individuals with I/DD Age 18 and Above Discharged Through Transition Process (IV.1.g)**




*Source: LME/MCO Reporting*

[5] The number of overall transitions from institutional settings into community-based settings has increased since the last reporting period. The data collected also shows an increase in the number of people aged 18 and older that have moved into community-based settings.

Transition Reporting Metric Data Narrative:

- The Department continues to work with the LME/MCOs to accurately capture the count of transitions each reporting period and implement education and informed choice initiatives to encourage successful transitions, for those who community living is an appropriate setting. As data quality increases and transition initiatives take effect, DHHS expects that the number of transitions per quarter will continue to increase.
- It is important to note that MFP transitions are allocated to the LME/MCOs at the beginning of the fiscal year (July 1) and are assigned to people desiring to move throughout the fiscal year. These transitions take time due to several processes and the number of transitions using MFP are expected to increase quarter over quarter. This is common and the slow start this year is not indicative of a risk at this time.
- Discrepancies in data can be attributed to the different sources used to collect data. DHHS used data from the I/DD In-Reach, Diversion, Transition Activity Report provided by the LME/MCOs for this reporting period, whereas data was used solely from MFP reports for the last reporting period.

Consent Order Reporting Requirement IV.1.h. Diversion and Transition Services: Information related to both successful and unsuccessful transitions.

- People listed on LME/MCO reports that remain in community settings during this reporting period are residing in various settings. The majority have transitioned into non-ICF Licensed Group Homes, followed by Unlicensed Alternative Family Living (AFLs) – each of which meet the Home and Community Support (HCBS) standards set forth by Centers for Medicare and Medicaid Services (CMS). One person was reported to have been living in the community for one year per this reporting period, highlighting an important milestone. The person had previously lived in an ICF-IID for 30 years. The person's LME/MCO reported they are doing well living in a licensed AFL in the community. This transition not only meets the definition of a successful transition per DHHS requirements, but it is truly a success story. This is reflective of the resilience of the person and support of the family, care team, and LME/MCO staff. An additional LME/MCO reported the success of a person that moved from an ICF/IID group home in the previous reporting period and remains successfully in their own home.
- Overall, people are moving into a variety of community-based settings, which include, non-ICF Licensed Group Homes, Family/Natural Homes, Licensed Alternative Family Living (AFLs) and Unlicensed Alternative Family Living (AFLs). Lastly, the transition process varies in the length of time it takes for a person to move into a community based-setting from the start of the process to the date of discharge. One person took about 18 months to move from a state developmental center into a licensed AFL. The report also shows people who moved within 10 months of starting the transition process and people who took 2 months to move into a community-based setting. People with I/DD are considered successful if they remain in the community for one year.

Consent Order Reporting Benchmark III.1.A. Transitions: For the fiscal year ending June 30, 2025, Defendants will transition at least 78 individuals with I/DD from institutional to community-based settings.

- Using the data reported by the LME/MCOs, 16 people with I/DD moved from institutional to community-based settings from October 1, 2024 – December 31, 2024. Cumulatively since July 1, 2024, 28 people with I/DD have moved into non-institutional settings.

DHHS Initiatives to Support Transitions: The Department supports increased access to community-based services by transitioning eligible individuals who make an informed choice to transition to a community-based setting (Benchmark 1.A).

- DHHS continues to support the collaboration between Alliance Health and NC Department of Administration, Commission of Indian Affairs (CIA) to establish a limited preference of up to 25 Housing Choice Vouchers (HCVs) for people with disabilities served and referred by Alliance Health. Alliance has successfully submitted eight referrals to the CIA thus far.
    - These vouchers along with other resources can be available to support people with I/DD to move into permanent supportive housing.
    - HUD provides HCVs to local Public Housing Authorities (PHAs) in NC to administer to very low-income families, the elderly, and the disabled so they may be able to afford decent, safe, and sanitary housing.
- Due to the changes and uncertainty at the federal level, DHHS has not received a response from the US Department of Housing and Urban Development (HUD) on the remedial preference request to prioritize people included under Inclusion Connects for federal housing programs and vouchers that was sent in January 2025. Updates will be included in future reports.

## Diversion Activities and Engagement

Diversion, identifying people living in the community at risk of requiring care in an institutional setting and providing more intensive support, remains an essential component of the Department's approach to ensuring people can live successfully in their chosen settings. People with I/DD engaged in diversion activities can be moved to various community-based settings (e.g., developmental disabilities group homes, their own home, natural support homes, etc.). The diversion process also involves providing people with the necessary services and support to ensure the continued ability to live successfully in the community. These services can include Medicaid home and community-based services including the Innovations Waiver, Medicaid In Lieu of Services (ILOS), or state-funded services.

Key findings:

Consent Order Reporting Requirement IV.1.a Diversion and Transition Services: Number of individuals diverted from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.

Consent Order Reporting Requirement IV.1.e. Diversion and Transition Services: Number and percentage[6] of individuals with I/DD are eligible for diversion activities.

Consent Order Reporting Requirement IV.1.f. Diversion and Transition Services: Number and percentage of individuals with I/DD who remain in the community after engaging in diversion activities.[7]

**Table 3: Findings for Diversion Reporting Requirements (IV.1.a, IV.1.e, and IV.1.f)**

| **IV.1.a Individuals with I/DD Diverted from Institutional Settings** | | |
|---|---|---|
| **Reporting Period** | **Number** | |
| Jul – Sep 2024 | 3 | |
| Oct – Dec 2024 | 6 | |
| Cumulative (Jul – Dec 2024) | 9 | |
| **IV.1.e Individuals with I/DD Eligible for Diversion Activities[6]** | | |
| **Reporting Period** | **Number** | **Percentage** |
| Jul – Sep 2024 | 7 | Not Available[6] |
| Oct – Dec 2024 | 7 | Not Available[6] |
| **IV.1.f Individuals with I/DD who Remain in the Community Following Diversion Activities[7]** | | |
| Jul – Sep 2024 | N/A | N/A |
| Oct – Dec 2024 | 3 | 100% |

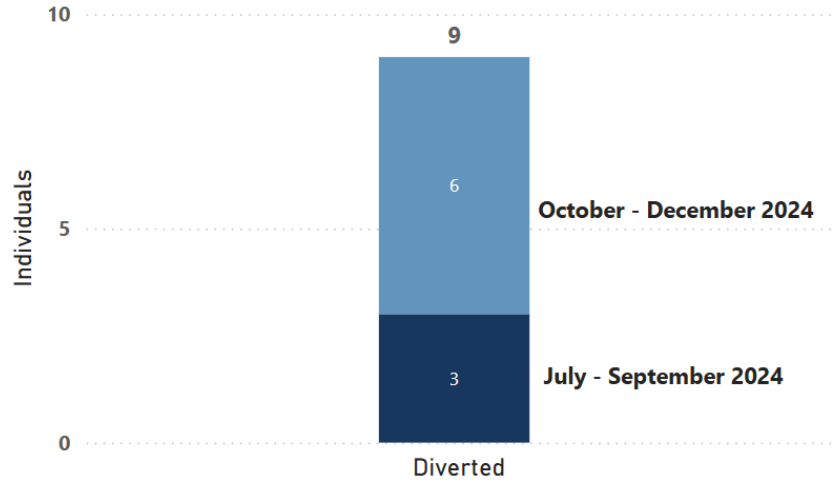
*Source: LME/MCO Reporting*

The remainder of this page is intentionally left blank.

[6] The Department is currently working with the LME/MCOs to build a more comprehensive methodology to calculate the percentage for reporting requirement IV.1.e. DHHS is continuing to refine the approach and improve the required data to more accurately capture the population of individuals with I/DD eligible for diversion.

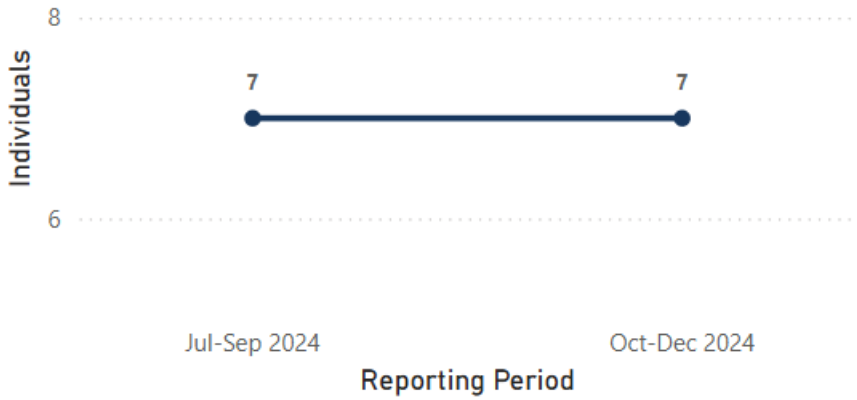
[7] The LME/MCO report used to calculate Diversion and Transition Service metrics does not explicitly track individuals past their diversion into a community-based setting, as these individuals will not be residing in an institutional setting. DHHS reports a diversion to a community-based setting as a successful diversion. For the April 2025 report, DHHS confirmed that the three individuals who were reported as "diversions" in the January 2025 report remained in the community by ensuring these members did not appear on this quarter's Member report. Based on the LME/MCO data provided, DHHS can confirm all three of these individuals remained in the community through December 31, 2024, after engaging in diversion activities.

**Chart 4: Individuals with I/DD Diverted from Institutional Settings (IV.1.a)**




*Source: LME/MCO Reporting*

**Chart 5: Individuals with I/DD Eligible for Diversion Activities (IV.1.e)**




*Source: LME/MCO Reporting*

Diversions Reporting Metric Data Narrative:

- DHHS continues to provide technical assistance calls with the LME/MCOs to clarify the definition of diversion. The Department expects to see improvements for the next reporting period as more dedicated technical assistance calls are being conducted in upcoming months on diversion.
- Data reflected in this reporting period is not an accurate accounting of people eligible for diversion activities. Each LME/MCO may differ slightly in their definition of diversion and therefore there are people that are not being counted that are eligible for diversion activities. Guidance will continue to be provided to each LME/MCO on the definition of diversion and what makes a person eligible for diversion activities.
- The Department further recognizes the LME/MCOs will be required to report on diversion activities in the Regional Housing Plans which will be used to inform this report as well.

LME/MCOs will be required to explain approaches to compliance with contract requirements for diversion in these reports that will be submitted quarterly, starting later in CY25.

DHHS Initiatives to Support Diversions: The Department monitors and standardizes LME/MCO diversion efforts to help people with I/DD at risk of institutionalization receive more intensive services and supports to prevent further decline and help people **remain in the community.**

- DHHS continues to work with LME/MCOs to make sure all people eligible for diversion, receiving diversion and those diverted from institutional settings are being counted on the quarterly reports. The Department believes that the numbers included in this report are likely lower than the actual numbers of individuals diverted and will work with LME/MCOs to improve data completeness and accuracy for future reports.
- The All Ages, All Stages, NC plan[8] has priorities and recommended action steps for 2024-2026 that address older people with developmental disabilities and their ability to age in place. The recommended action step states "Ensure that the evolving housing and support needs of younger individuals with developmental disabilities, traumatic brain injury, mental health needs, or other significant health and mobility challenges are met as they age so they can age in place and have equal and accommodative access to aging supports, programs and facilities."
    - The plan further discusses how many of these people have lived at home with family caregivers for many years. It states it is necessary to make sure people with I/DD continue to have adequate housing and supportive services when their caregivers are no longer able to provide care. This will help people with I/DD maintain independence and quality of life for those with complex needs.
    - The expected outcome is that more older adults and people with disabilities will be able to live in their homes safely for longer thus reducing housing instability.
    - This aligns with the DHHS initiatives to support efforts to help people with I/DD living in the community and at risk of institutionalization to remain in the community by receiving intensive services and supports to prevent further decline.

## Services: 1915(i) and Continuing Unmet Needs

NC DHHS is committed to ensuring that people with I/DD access the appropriate services and support necessary to live fulfilling lives in their communities. Through targeted outreach, strategic partnerships, and program expansions, the Department aims to improve service accessibility and address the unique needs of people with I/DD across the state. In line with this commitment, NC DHHS launched the 1915(i) Home and Community Based Services (HCBS) Medicaid State Plan in July 2023. These reporting requirements pertain to the benchmarks for transitions and diversions from institutional settings, with key provisions in place to ensure compliance and transparency.

### Reporting Requirements for 1915(i) Services

DHHS is committed to ensuring that people with I/DD have timely access to the services and supports necessary for their well-being and community inclusion. To enhance access, DHHS launched the 1915(i) State Plan in July 2023, which expanded a range of community-based services tailored to people's needs. This program is critical in addressing service gaps and reducing extended wait periods.

[8] All Ages, All Stages NC (NC's Multisector Plan for Aging)

The 1915(i) reporting requirements focus on tracking critical benchmarks for people with I/DD receiving services. These include the number of people who have completed the assessment and approval process and those actively receiving 1915(i) services. The report also measures timeliness, capturing the number of people assessed within 90 days of requesting an assessment and those who waited beyond 90 days, including extended waiting periods. The report provides data on the number and percentage of people on the Innovations Waiver Waitlist receiving I/DD-related services during the quarterly reporting period, encompassing services provided through 1915(i), other HCBS, State-Funded Services, and In-Lieu of Services.

Key Findings:

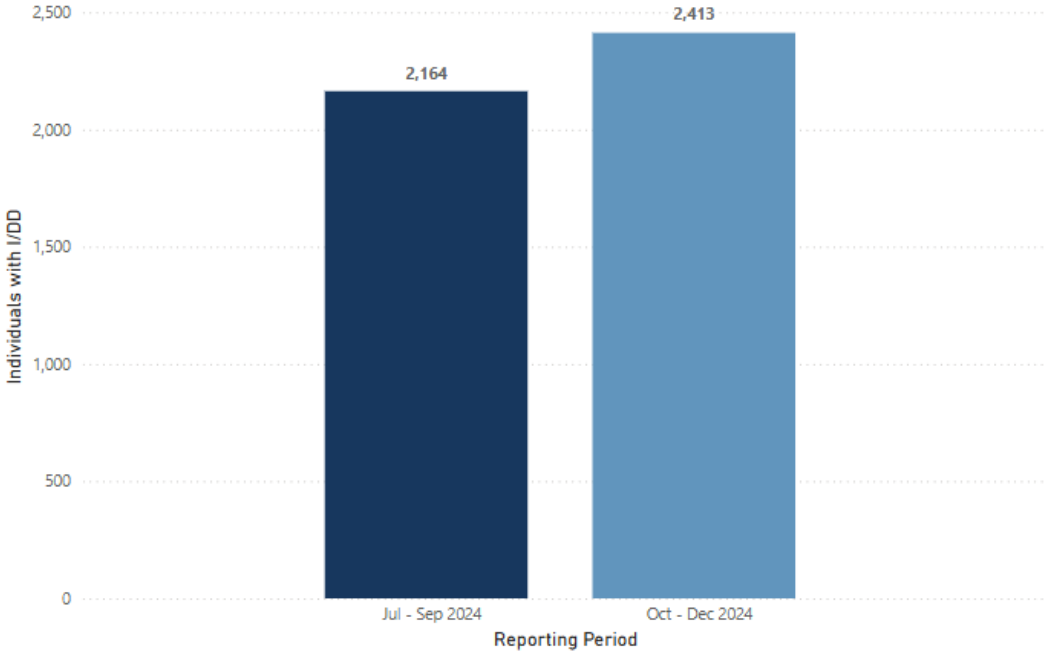
Consent Order Reporting Requirement IV.1.i: Number of individuals with I/DD for whom the 1915(i) assessment and approval process has been completed.

**Table 4: 1915(i) Implementation (IV.1.i)**

| Individuals with I/DD for whom 1915(i) Assessment and Approval Process has been Completed | |
|---|---|
| **Reporting Period** | **Number** |
| Jul – Sep 2024 | 2,164 |
| Oct – Dec 2024 | 2,413 |

*Source: 1915(i) Assessment Data*

**Chart 6: Individuals with I/DD for whom 1915(i) Assessment and Approval Process has been Completed (IV.1.i)**




*Source: 1915(i) Assessment Data*

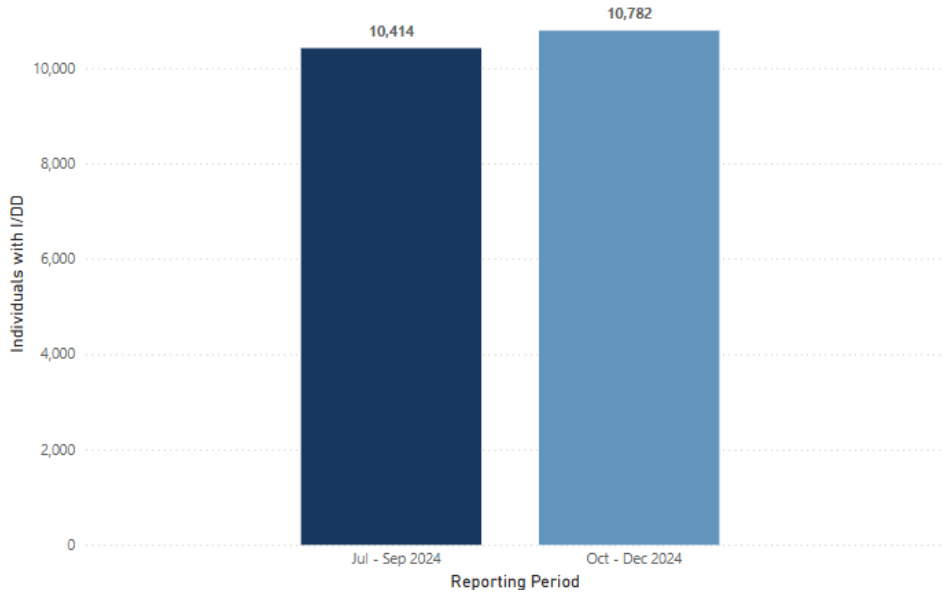
Consent Order Reporting Requirement IV.1.j: Number of individuals with I/DD receiving 1915(i) services.

**Table 5: 1915(i) Implementation (IV.1.j.)**

| Individuals with I/DD Receiving 1915(i) Services | |
|---|---|
| **Reporting Period** | **Number** |
| Jul – Sep 2024 | 10,414 |
| Oct – Dec 2024 | 10,782 |

*Source: Claims and Encounters Data*

**Chart 7: Individuals with I/DD Receiving 1915(i) Services (IV.1.j)**




*Source: Claims and Encounters Data*

Consent Order Reporting Benchmark III.1.B.: By June 30, 2024, all individuals currently receiving 1915(b)(3) services must have transitioned to 1915(i) services, ensuring seamless continuity of care.

- In collaboration with CMS, DHHS extended the LME/MCO transition deadline to December 31, 2024, due to the high volume of transitions, impacts of LME/MCO consolidation, and impacts of federal poverty limit requirements. The deadline extension helps avoid disruption in HCBS services as people with I/DD transitioned from 1915 (b)(3) to 1915(i) or other appropriate service. The state has confirmed that all individuals are transitioned from 1915 (b)(3) to 1915(i).

Consent Order Reporting Requirement IV.1.k.: Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation.

Consent Order Reporting Requirement IV.1.l.: Number of individuals who waited, or have waited, more than 90 days for an assessment, including the number of additional days waiting.

**Table 6: 1915(i) Implementation (IV.1.k., IV.1.l)**

| Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation | |
|---|---|
| **Reporting Period** | **Number** |
| Jul – Sep 2024 | Not Available |
| Oct – Dec 2024 | Not Available |
| **Number of individuals who waited, or have waited, more than 90 days for an assessment** | |
| Jul – Sep 2024 | Not Available |
| Oct – Dec 2024 | Not Available |

*Source: N/A*

Data Narrative for 1915(i) Implementation

- DHHS does not currently have a mechanism to track the number of days from the 1915(i)-assessment request to the completion of the evaluation. DHHS is working on a Contract Amendment and report modification to track this metric. Recent progress has identified possible paths toward collecting this data.
- While we continue to work toward a mechanism to report this metric, we are aware that the time from evaluation submission to Carelon to eligibility determination for 1915(i) services is approximately 7-10 business days.

DHHS continues to review access to 1915(i) services to determine any needed support. Recently, a need for improved training and clearer processes has come to light. DHHS is currently working on completing improved trainings on 1915(i) for certified Tailored Care Management providers, and continues to provide trainings on 1915(i) services, with the most recent training occurring on March 27, 2025. 1915(i) services has also been a focus for the DHHS Plain-Language Campaign, with the 1915(i) toolkit being released on April 3, 2025 (which can be found here).

## Communication and Stakeholder Engagement

In line with the requirements for quarterly or as-needed discussions (Benchmark III.1.B.), DHHS has employed and implemented various communication mechanisms to ensure continuous stakeholder engagement regarding the implementation and outcomes of 1915(i) services. These include monthly I/DD Director's meetings to discuss service outcomes, challenges, and adjustments. Additionally, the Department launched the Inclusion Connects website, providing a centralized platform for information sharing and public consultation.

**Plain-Language Campaign**:

- First communication issued on **June 30, 2024**, detailing service purpose, eligibility, and role in I/DD supports.
- Further communication topics have been published including Tailored Plan Essentials (August 9, 2024), 1915(i) Medicaid Home and Community Based Services (updated with additional information April 3, 2025), and an NC Innovations Waiver toolkit anticipated to be completed by late April 2025.

**Public Engagement**:

DHHS participated in multiple engagements to provide updates on 1915(i) services. A complete list of webinars, presentations, and fact sheets can be found here.

## Continuing Unmet Needs

This section addresses the Department's ongoing responsibility to track and report the needs of people with I/DD who remain on service waitlists or require additional services beyond their current provisions. This section outlines the key metrics DHHS must report to ensure transparency and accountability in addressing service gaps for the I/DD population.

The Innovations Waiver Waitlist, formerly the Registry of Unmet Needs, includes individuals waiting for services under the Innovations Waiver program. This program provides home and community-based services to people with I/DD to help them live more independently. Due to the limited Innovation Waiver slots approved by the General Assembly, the waitlist tracks potentially eligible people who have not yet been enrolled. To reduce service and wait times and improve access, the state monitors and evaluates the waitlist through quarterly reporting and continuous data tracking.

Key Findings:

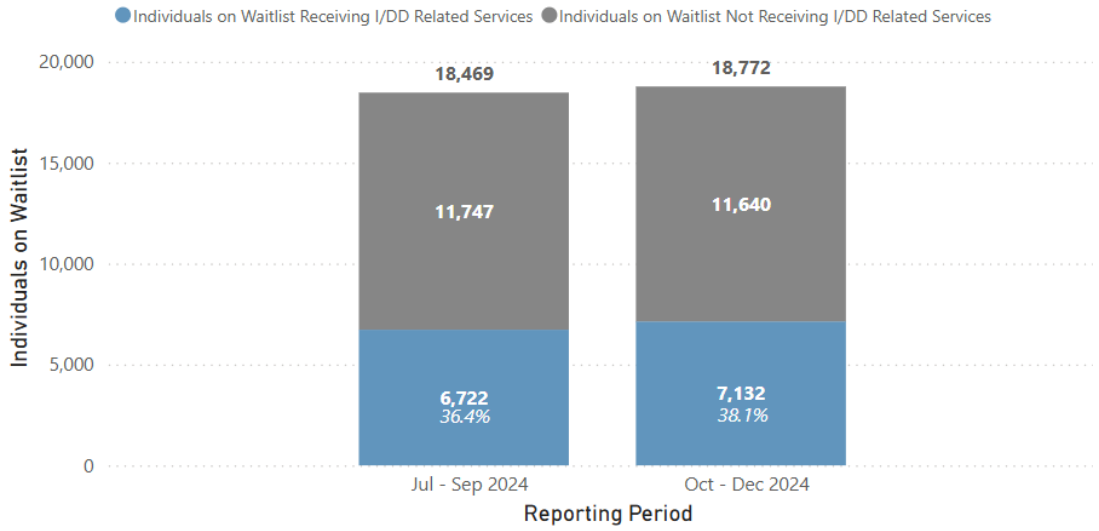
Consent Order Reporting Requirement IV.1.m Continuing Unmet Needs: Number and percentage of people on the waitlist receiving I/DD-related services for the reporting quarterly period, including 1915(i), HCBS, State-Funded Services, or In-Lieu of Services.

**Table 7: Continuing Unmet Needs (IV.1.m)**

| Number of Individuals on the Innovations Waiver Waitlist That Are Receiving I/DD-Related Services | | |
|---|---|---|
| **Reporting Period** | **Number** | **Percentage** |
| Jul - Sep 2024 | 6,722 | 36.4% |
| Oct – Dec 2024 | 7,132 | 38.1% |

*Source: Claims and Encounters Data*

**Chart 8: Number of Individuals on the Innovations Waiver Waitlist That Are Receiving I/DD-Related Services (IV.1.m)**




*Source: LME/MCO Reporting, Claims and Encounters Data*

Consent Order Reporting Requirement IV.1.n Continuing Unmet Needs: Number and percentage of individuals receiving 1915(i) services who need additional services in addition to their approved 1915(i) services.

**Table 8: Continuing Unmet Needs (IV.1.n)**

| The number and percentage of Individuals Receiving 1915(i) Services Need Additional Services in addition to their Approved 1915(i) Services. | | | |
|---|---|---|---|
| **Reporting Period** | **Number** | **Percentage** | **Service Received** |
| Jul - Sep 2024 | Not Available | | |
| Oct – Dec 2024 | Not Available | | |

*Source: N/A*

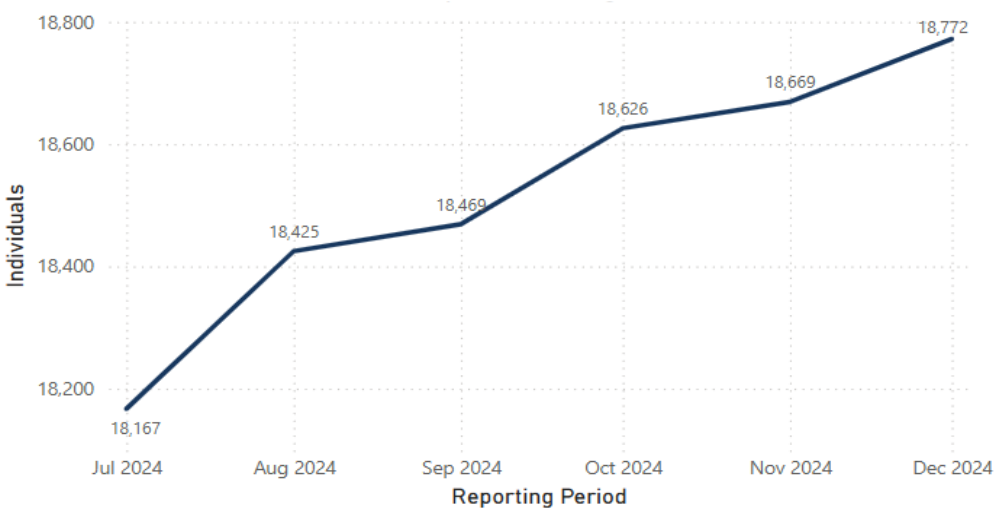
Consent Order Reporting Requirement IV.1.o Continuing Unmet Needs: Number of people remaining on the Waitlist and the number removed from the Waitlist during the data reporting fiscal quarter, each preceding fiscal year (if applicable), and cumulatively**.**

**Table 9: Continuing Unmet Needs (IV.1.o)**

| Number of People Remaining on the Waitlist | | |
|---|---|---|
| **Reporting Period** | **Number Remaining on Waitlist** | **Number Removed from Waitlist** |
| Jul - Sep 2024 | 18,457[9] | 409[10] |
| Oct – Dec 2024 | 18,772 | 291 |

*Source: LME/MCO Reporting*

**Chart 9: Number of People Remaining on the Waitlist (IV.1.o)**




*Source: LME/MCO Reporting*

[9] The data source for this metric has changed and a new report from LME/MCOs is now used to generate Waitlist related values. This results in a slight variation between the table value from Jul – Sep 2024 and the number displayed in the visual for the same reporting period.

[10] The original methodology for calculating individuals removed from the waitlist during the reporting period did not account for duplicated counts of individuals remaining on reports after removal from the Innovations Waitlist. Starting with values reported from Oct-Dec 2024, calculations will reflect the cumulative total of individuals removed during each of the three months in the reporting period.

Consent Order Reporting Requirement IV.1.p Continuing Unmet Needs: Waiver slots and reserve capacity use status.

**Table 10: Continuing Unmet Needs (IV.1.p)**[11]

| Status of the use of Waiver Slots and Remaining Reserve Capacity | | |
|---|---|---|
| **Reporting Period** | **Number Active** | **Remaining Reserve Capacity** |
| Jul - Sep 2024 | 13,938 | 132 |
| Oct – Dec 2024 | 14,308 | 89[12] |

*Source: LME/MCO Reporting*

Data Narrative for Continuing Unmet Needs

- The current reporting processes do not allow the Department to see who needs additional services. DHHS is exploring the best options to assess needs of all beneficiaries and recipients, regardless of whether they currently receive services.
- DHHS is currently exploring the use of surveys administered by DHHS to determine if there are any needs for people receiving 1915(i) services but are not on the Innovations Waiver waitlist. Further details can be shared about this process when they become available.
- DHHS is currently exploring the best way to assess any needs for people currently on the Innovations Waiver waitlist. A formal review of how other states have accomplished this and also assessment tool options is to be completed; this will allow DHHS to make a well-educated decision on how best to measure needs for this group. Additionally, DHHS is currently working with LME/MCOs to modify current reporting to better capture this information.

## Direct Service Professionals (DSP) Workforce

According to State of the Workforce Survey Report for 2023[13], by National Core Indicators Intellectual and Developmental Disabilities, North Carolina had the second lowest turnover rate, and the highest percent of DSPs employed over 36 months. This does not mean however there is not work to be done, as available and accessible DSPs are critical to ensuring that people with I/DD can receive appropriate services in a setting of their choice. North Carolina is currently facing a critical shortage of DSPs, which is significantly affecting the availability and quality of home and community-based services for people with I/DD.

A Tailored Plan Contract Amendment was executed to raise the minimum utilization rate of authorized Community Living and Supports (CLS) services to qualified individuals on the Innovations Waiver to at least 82%, as required by the Consent Order. The Amendment language is as follows:

*To increase Member access to 1915(i), 1915(c), and 1915(b)(3) services for Community Living and Supports (CLS), Community Networking, Supported Employment, and Supported Living, BH I/DD Tailored*

[11] For fiscal year 2024-2025 there are 14,736 approved active slots for the Innovations Waiver, with 161 slots retained for reserve capacity. Values reported are from the end of each fiscal quarter, 9/30/2024 and 12/31/2024 and are expected to continue to change as year progresses.
[12] This value is an estimate as not all LME/MCOs have submitted the requested information.
[13] 2023-NCI-IDD-SoTW_241126_FINAL.pdf

*Plans shall achieve the following utilization rates as demonstrated through the BH I/DD Tailored Plan's submission of the 1915 Services Authorization Report:*

*By the fiscal year ending June 30, 2025, individuals authorized to receive CLS services through Innovations Waiver, or 1915(i), will utilize at least eighty-five percent (85%) of authorized CLS Services.*

Key Findings:

The data contained in Tables 11 and 12 is part of a LME/MCO report to capture CLS utilization. The second submittal from LME/MCOs was received on Feb 28, 2025. DHHS continues to partner with LME/MCOs, to provide technical assistance calls with each LME/MCO, on improving the data reported and understanding the context around individual plan's reported rates. Given the challenges associated with obtaining high quality, accurate data, DHHS proposes the use of surveys with recipients and family members to glean information about reasons approved units are not used including when direct support professionals are not available. Additional information related to data quality improvement and partnership with the LME/MCOs is included in the Data Collection Process section on page 3.

Consent Order Reporting Requirement IV.1.q. DSP Availability: Overall percentage of authorized Community Living and Supports (CLS) billed hours.

**Table 11: Findings for Overall DSP Availability (IV.1.q)**

| Authorized Hours of CLS Billed | | |
|---|---|---|
| **Reporting Period** | **Total Number Hours Authorized** | **Percentage** |
| Jul - Sep 2024 | 8,921,654 | Total: 48.3%<br>LME/MCO#1: 83.5%<br>LME/MCO#2: 36.9%<br>LME/MCO#3: 40.0%<br>LME/MCO#4: 81.6% |
| Oct – Dec 2024 | 3,541,357 | Total: 80.5%[14]<br>LME/MCO#1:76.8%<br>LME/MCO#2: 85.3%<br>LME/MCO#3: 199.0%[14]<br>LME/MCO#4: 77.5% |

*Source: LME/MCO Reporting*

Consent Order Reporting Requirement IV.1.r. DSP Availability: Number of units of CLS authorized by LME/MCO.

Consent Order Reporting Requirement IV.1.s. DSP Availability: Number of units of CLS billed by LME/MCO.

Consent Order Reporting Requirement IV.1.t. DSP Availability: Number of units of CLS not utilized because of lack of provider or staff availability by LME/MCO.

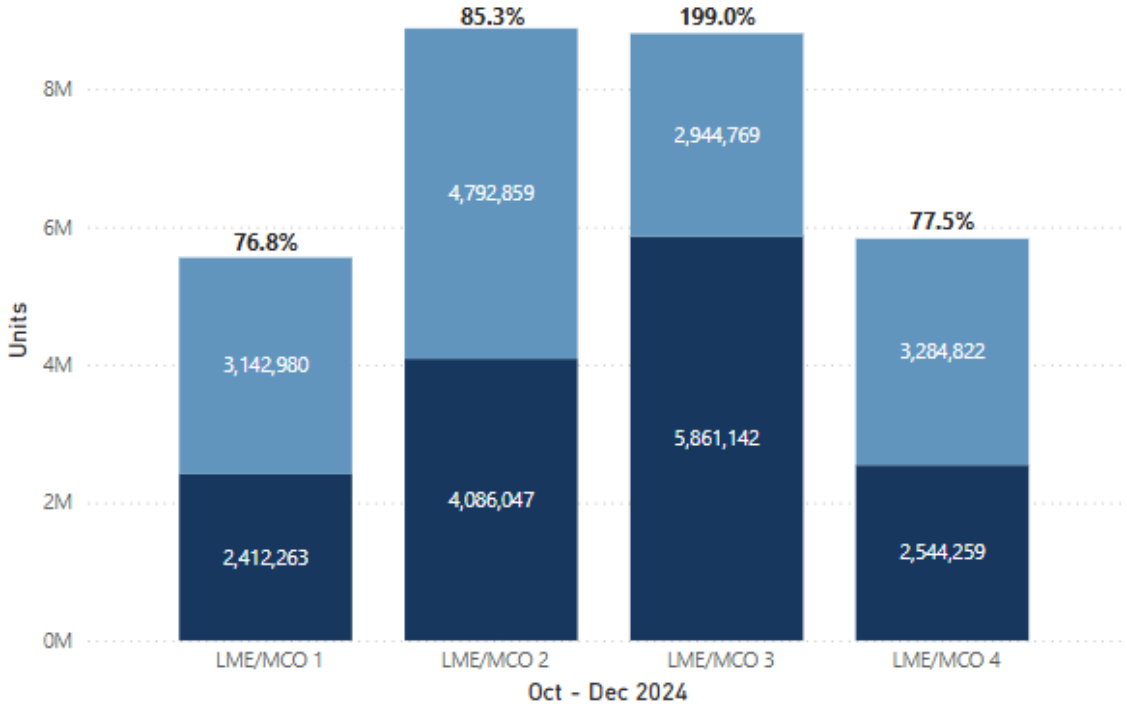
[14] We do not expect hours billed to exceed hours authorized. For the Oct – Dec 2024 Reporting Period, LME/MCO#3 reported hours billed exceeding hours authorized due to prior authorization waivers, resulting in a percentage greater than 100%. We have excluded LME/MCO#3 from our total percentage as we investigate their methodology used.

**Table 12: Findings for DSP Availability by Number of Units (IV.1.r, IV.1.s and IV.1.t)[15]**

| Number of Units of CLS Authorized | | | | |
|---|---|---|---|---|
| | Number by LME/MCO | | | |
| **Reporting Period** | LME/MCO#1 | LME/MCO#2 | LME/MCO#3 | LME/MCO#4 |
| Jul - Sep 2024 | 4,462,758 | 10,244,700 | 17,782,750 | 3,196,408 |
| Oct – Dec 2024 | 3,142,980 | 4,792,859 | 2,944,769 | 3,284,822 |
| **Number of Units of CLS Billed** | | | | |
| Jul - Sep 2024 | 3,724,916 | 3,776,753 | 7,123,906 | 2,609,513 |
| Oct – Dec 2024 | 2,412,263 | 4,086,047 | 5,861,142 | 2,544,260 |
| **Number of Units of CLS not Utilized due to Lack of Provider or Staff Availability[16]** | | | | |
| Jul - Sep 2024 | Not Reported | Not Reported | Not Reported | Not Reported |
| Oct – Dec 2024 | Not Reported | Not Reported | Not Reported | Not Reported |

*Source: LME/MCO Reporting*

**Chart 10: Units Authorized and Billed (IV.1.r and IV.1.s)**




*Source: LME/MCO Reporting*

[15] LME/MCO#1 and LME/MCO#4 utilized the same report generation method as of January 15, 2024, while LME/MCO#2 and LME/MCO#3 employed a new method that reports values only for individuals whose plans expired within the reporting period. This difference in reporting methods may result in variations in the reported values across LME/MCOs.

[16] The value for units not utilized due to lack of staffing is not currently reported, as there is variance in data collection methods across the LME/MCOs. The Department is working with all LME/MCOs to collaboratively create a unified plan to track these units in a consistent and reliable manner.

## Conclusion

DHHS is committed to connecting people with I/DD to more choices and more access to services and supports. Inclusion Connects is a collaboration among DHHS divisions, including the Division of Mental Health, Developmental Disabilities, and Substance Use Services and Medicaid, to provide resources that connect people with I/DD to services and supports available to live, work, and thrive in their chosen communities. DHHS will continue to gather performance metrics from the initiatives above and adjust the workplan as necessary to meet and exceed the needs of the I/DD population in North Carolina.

# Attachment 1 - Summary of Consent Order Reporting Requirements

| Consent Order Section | Consent Order Subject Area | Reporting Requirement | Current Quarter (Oct – Dec 2024) |
|---|---|---|---|
| IV.1.a | Diversion and Transition Services | Number of individuals diverted from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively. | Previous Quarter (Jul – Sep 2024): 3<br>Current Quarter (Oct – Dec 2024): 6<br>Cumulative (Jul – Dec 2024): 9 |
| IV.1.b | Diversion and Transition Services | Number of people transitioned from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively. | Previous Quarter (Jul – Sep 2024): 12<br>Current Quarter (Oct – Dec 2024): 16<br>Cumulative (Jul – Dec 2024): 28 |
| IV.1.c | Diversion and Transition Services | Number and percentage of individuals with I/DD eligible for In-Reach activities who are engaged in In-Reach activities. | 750 (20.6%) |
| IV.1.d | Diversion and Transition Services | Number and percentage of individuals with I/DD who began transition planning following In-Reach. | 119 (15.9%) |
| IV.1.e | Diversion and Transition Services | Number and percentage of individuals with I/DD eligible for diversion activities. | 7 (See page 13) |
| IV.1.f | Diversion and Transition Services | Number and percentage of individuals with I/DD who remain in the community after engaging in diversion activities. | 3 (100%) |
| IV.1.g | Diversion and Transition Services | Number and percentage of individuals with I/DD age 18 and above identified for transition who are discharged through the transition planning process. | 15 (15.6%) |
| IV.1.h | Diversion and Transition Services | Information related to both successful and unsuccessful transitions. | N/A |
| IV.1.i | 1915(i) Implementation | Number of individuals with I/DD for whom the 1915(i) assessment and approval process has been completed. | 2,413 |
| IV.1.j | 1915(i) Implementation | Number of individuals with I/DD receiving 1915(i) services. | 10,782 |
| IV.1.k | 1915(i) Implementation | Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation. | See page 18 |
| IV.1.l | 1915(i) Implementation | Number of individuals who waited, or have waited, more than 90 days for an assessment, including the number of additional days waiting. | See page 18 |

| Consent Order Section | Consent Order Subject Area | Reporting Requirement | Current Quarter (Oct – Dec 2024) |
|---|---|---|---|
| IV.1.m | Continuing Unmet Need | Number and percentage of people on the Registry receiving I/DD-related services for the reporting quarterly period, including 1915(i), HCBS, State-Funded Services, or In-Lieu of Services. | 7,132 (38.1%) |
| IV.1.n | Continuing Unmet Need | Number and percentage of individuals receiving 1915(i) services who need additional services in addition to their approved 1915(i) services. | See page 21 |
| IV.1.o | Continuing Unmet Need | Number of people remaining on the Registry and the number removed from the Registry during the data reporting fiscal quarter, each preceding fiscal year (if applicable), and cumulatively. | Remaining: 18,772<br>Removed: 291 |
| IV.1.p | Continuing Unmet Need | Status of the use of waiver slots and reserve capacity. | Active: 14,308<br>Reserve: 89 |
| IV.1.q | DSP Availability | Overall percentage of authorized hours of Community Living and Supports (CLS) that were billed.<br><br>Consent Order Target Utilization for LME/MCOs: 82% | Total Number Hours Authorized: 3,541,357<br>Percentage Total: 80.5%<br>LME/MCO#1: 76.8%<br>LME/MCO#2: 85.3%<br>LME/MCO#3: 199.0%<br>LME/MCO#4: 77.5% |
| IV.1.r | DSP Availability | Number of units of CLS authorized by LME/MCO. | LME/MCO#1: 3,142,980<br>LME/MCO#2: 4,792,859<br>LME/MCO#3: 2,944,769<br>LME/MCO#4: 3,284,822 |
| IV.1.s | DSP Availability | Number of units of CLS billed by LME/MCO. | LME/MCO#1: 2,412,263<br>LME/MCO#2: 4,086,047<br>LME/MCO#3: 5,861,142<br>LME/MCO#4: 2,544,260 |
| IV.1.t | DSP Availability | Number of units of CLS not utilized because of lack of provider or staff availability by LME/MCO. | LME/MCO#1: Not Reported<br>LME/MCO#2: Not Reported<br>LME/MCO#3: Not Reported<br>LME/MCO#4: Not Reported |

# Attachment 2 - Summary of Consent Order Reporting Benchmarks

| Consent Order Section | Benchmark | Current Quarter (Oct – Dec 2024) |
|---|---|---|
| III.A. Transitions | Defendants will support increased access to community-based services by transitioning eligible individuals who make an informed choice to transition to a community-based setting, and for whom a community-based setting is appropriate, as provided in the schedule below. These transitions may be facilitated and funded through Money Follows the Person and/or other appropriate funding sources.<br><br>• For the fiscal year ending June 30, 2025, Defendants will transition at least 78 individuals with I/DD from institutional settings to community-based settings.<br>• For the fiscal year ending June 30, 2026, Defendants will transition at least 83 individuals with I/DD from institutional settings to community-based settings.<br>• For the fiscal year ending June 30, 2027, Defendants will transition at least 88 individuals with I/DD from institutional settings to community-based settings. | **In Progress** - DHHS continues to explore ways to leverage informed decision-making tools and transition standardization strategies. The total number of people with I/DD transitioned from institutional settings from July 1, 2024, to December 31,2024 is 28. |
| III.A. Transitions | Defendants will require LME/MCOs to engage in and track In-Reach efforts, as defined above, about individuals with I/DD living in the following settings: (1) Intermediate Care Facilities for Individuals with Intellectual Disabilities not operated by the State, (2) State Developmental Centers, (3) State psychiatric hospitals, (4) Psychiatric Residential Treatment Facilities, and (5) Adult Care Homes (at present, for member with Serious Mental Illness only). | **Complete** |
| III.A. Transitions | With respect to In-Reach within Adult Care Homes, DHHS will update its contract language with LME/MCOs to remove the limitation that In-Reach obligations pertain to members with Serious Mental Illness only. | **Complete** |
| III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data | By June 30, 2024, Defendants will have completed the assessment and approval process for 3,000 individuals with I/DD for eligibility for 1915(i) services. Completing the approval process may include approving for services, denying services, or approving in part and denying in part requested services. DHHS will document evidence of the number of individuals with I/DD who are not interested in being assessed for 1915(i) services, in the quarterly report. | **Complete** |

| Consent Order Section | Benchmark | Current Quarter (Oct – Dec 2024) |
|---|---|---|
| Relating to Its Implementation. | | |
| III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation. | By June 30, 2024, all 1915(i) eligible individuals with I/DD with open authorizations for 1915(b)(3) services will be transitioned to appropriate 1915(i) services. | **Complete** |
| III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation. | To advance implementation of 1915(i) services, DHHS will do the following:<br>• Initiate and participate in quarterly and as-needed discussions with LME/MCOs, providers, community stakeholders and the public about the implementation of 1915(i) services. | **Ongoing** - DHHS regularly engages with the LME/MCOs (ensuring member transitions, clarity on process flow, policy clarification/questions), provider training, and creation of educational materials (FAQ, fact sheets). DHHS also regularly attends the NC Council on Developmental Disabilities, NC Provider Council meeting where updates on 1915(i) are provided. Other stakeholder engagement activities include, regular TCM engagement, monthly Office Hours with health plans, and a bi-monthly benefits call with the health plans. |
| III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data | To advance implementation of 1915(i) services, DHHS will do the following:<br>• Create a plain-language messaging campaign for potential beneficiaries of the 1915(i) service. DHHS will issue at least one communication using plain language to explain the 1915(i) service, and the implementation of same, to potential beneficiaries by June 30, 2024. | **Complete** |

| Consent Order Section | Benchmark | Current Quarter (Oct – Dec 2024) |
|---|---|---|
| Relating to Its Implementation. | | |
| III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation. | To advance the implementation of 1915(i) services, DHHS will do the following:<br>• Ensure that trainings are in place for LME/MCOs, Tailored Care Management entities, and Tailored Care Management providers. | **Complete** |
| III.2.A. Establish minimum utilization rates for Community Living and Supports. | To increase access to CLS, DHHS will provide for the following minimum utilization percentages for CLS, revising or amending its contracts with the LME/MCOs as needed: By June 30, 2024, the minimum utilization rate of authorized CLS services provided to qualified individuals on the Innovations Waiver will be 82 percent. | **Complete** |
| III.2.B. Issues Relating to Training and Credentialing for DSPs. | DHHS will evaluate recommendations from the AHEC Report and Best Practices to determine actionable activities to address the DSP Training and Credentialing Needs. | **Complete** |
| III.2.B. Issues Relating to Training and Credentialing for DSPs. | DHHS will present a draft DSP Workforce Plan to address DSP workforce deficits to an advisory committee consisting of stakeholders including individuals with I/DD, family members, DSPs, providers, and other stakeholders to garner feedback. | **Complete** |
| III.2.B. Issues Relating to Training and Credentialing for DSPs. | DHHS will provide a draft DSP Workforce Plan to Plaintiffs' Counsel by May 1, 2024. Plaintiffs' Counsel will provide any input or proposed changes to the draft to Defendants within 21 days of receipt. Defendants will receive and evaluate Plaintiffs' proposed changes, if any. The parties agree to meet and confer on or before June 5, 2024, on any issues that cannot reasonably be resolved. | **Complete** |
| III.2.B. Issues Relating to Training | DHHS will develop a final DSP Workforce Plan with specific actions and identified implementation dates no later than June 14, 2024. Plaintiffs retain the right, after | **Complete** |

| Consent Order Section | Benchmark | Current Quarter (Oct – Dec 2024) |
|---|---|---|
| and Credentialing for DSPs. | evaluation of the final DSP Workforce Plan, to file a motion to challenge one or more terms of the Plan | |
| III.2.B. Issues Relating to Training and Credentialing for DSPs. | DHHS will launch implementation of DSP Workforce Plan no later than July 1, 2024. Nothing in this Consent Order shall be construed to preclude future orders by the Court regarding training or credentialing for DSPs or other matters related to availability of DSPs. | **Complete** |